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TITLE: High-risk Sexual Behaviors Among HIV-infected Adolescents and Young Adults
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OBJECTIVE: To describe high-risk sexual behaviors among adolescents and young adults recently reported with HIV infection or AIDS, and to determine risk factors associated with these behaviors.

METHODS: Between January 1995 and November 1998, we interviewed 1,446 persons aged 18-29 years who were newly reported with HIV (33%) or AIDS (67%) in 12 cities and states to assess sexual behavior in the past year. High-risk behaviors evaluated were having any sexual intercourse unprotected by condoms (UI) and having ≥ 3 sex partners.

RESULTS: Among the 1,446 HIV-infected young persons interviewed, 1,186 (82%) had sex in the past year and 1,123 (78%) had sexual intercourse. Of the 1,123 who had intercourse, 671 (60%) had at least one episode of UI. The prevalence of UI was significantly lower among persons diagnosed with HIV infection >1 year before interview (i.e., knew they were infected, $232/538 = 43\%$) than among those diagnosed ≤ 1 year before interview (i.e., may not have known they were infected, $378/475=80\%$, $p=0.001$). Among persons diagnosed with HIV infection >1 year before interview, the prevalence of UI was lowest among those having male-male anal intercourse (AI) with a steady sex partner of negative ($25/102=25\%$) or unknown ($10/32=31\%$) serostatus and among those having vaginal intercourse with a steady partner of negative serostatus ($52/161=32\%$). Prevalence was highest among persons having male-female AI with a steady sex partner of positive ($12/16=75\%$) or unknown ($11/12=92\%$) serostatus. In a multivariate regression model, significant ($p < 0.05$) risk factors for UI were sharing needles (adjusted odds ratio [AOR] = 4.8), HIV diagnosis ≤ 1 year before interview (AOR = 4.5), not having a steady sex partner (AOR = 4.5) or having a steady partner of positive (AOR = 2.9) or unknown (AOR = 2.5) serostatus, heterosexual self-identity (AOR = 1.81, and <12 years of schooling (AOR = 1.5). Of the 1,186 sexually active persons, 648 (55%) had 1 partner in the past year, 206 (17%) 2 partners, and 332 (28%) ≥ 3 partners. In a multivariate model, significant ($p < 0.05$) risk factors for having ≥ 3 sex partners were crack use (AOR = 2.8), sharing needles (AOR = 2.6), bisexual (AOR = 2.3) or gay (AOR = 2.1) self-identity, male gender (AOR = 1.9), and having UI (AOR = 1.5).

CONCLUSIONS: Substantial rates of high-risk sexual behavior among the adolescents and young adults interviewed underscore the need to expand HIV prevention efforts among HIV-infected young persons. Although multiple sex partners and extremely high rates of UI in some groups of young persons are of particular concern, markedly lower levels of UI among persons who knew they were infected strongly suggest that high-risk sexual behavior among HIV-infected young persons can be modified.

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